

DeKalb County

330 W. Ponce De Leon Ave.
2nd Floor
Decatur, Georgia 30031
(404) 371-2772
Fax (404) 371-2946



Department of Finance
Business Registration Office

HOTEL MOTEL EXCISE TAX REPORTING FORM

Business Name: _____
Address: _____

Account Number: _____

Month/Year Reported: _____

ALL SECTIONS OF THIS FORM MUST BE FULLY COMPLETED AND THE RETURN SHALL BE FILED EVEN
THOUGH NO TAX MAY BE DUE.

	1 Gross Room Rentals	\$	_____
A. Total Number of Rooms Occupied During This Month	2 Less Permanent Guest Rentals	\$	_____
	3 Taxable Room Rentals	\$	_____
B. Total Exempt Rooms	4 Tax - 5% of Line 3	\$	_____
C. Total Rooms Available This Month (Number of Rooms Times Number of Days During This Month)	5 Penalty - 10% if Past Due 25% Fraud or Intent to Evade	\$	_____
D. Occupancy Percentage (A. divided by B.)	6 Interest - 1% per month or portion thereof time Line 4	\$	_____
E. Average Room Rate This Month	7 Less Collection Fee - 3% of Line 4 (Only on Timely Returns)	\$	_____
	8 Total Amount Due	\$	_____
	9 Total Amount Paid	\$	_____

This return and payment of the taxes collected during the month shown are due by the 20th day
of the next month to avoid a late payment and interest charges.

I hereby certify that the statements made herein and on any supporting documents are true, correct and
complete to the best of my knowledge.

Print Name of Preparer

Signature of Preparer

Date

PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT.

Note: Incomplete forms will be returned to you to be fully completed.

Mail to: P.O. Box 100020
Decatur, Ga. 30031-7020

Make check payable to:
DeKalb County Revenue and License